

Name  
in  
Full

Elijah H Boston

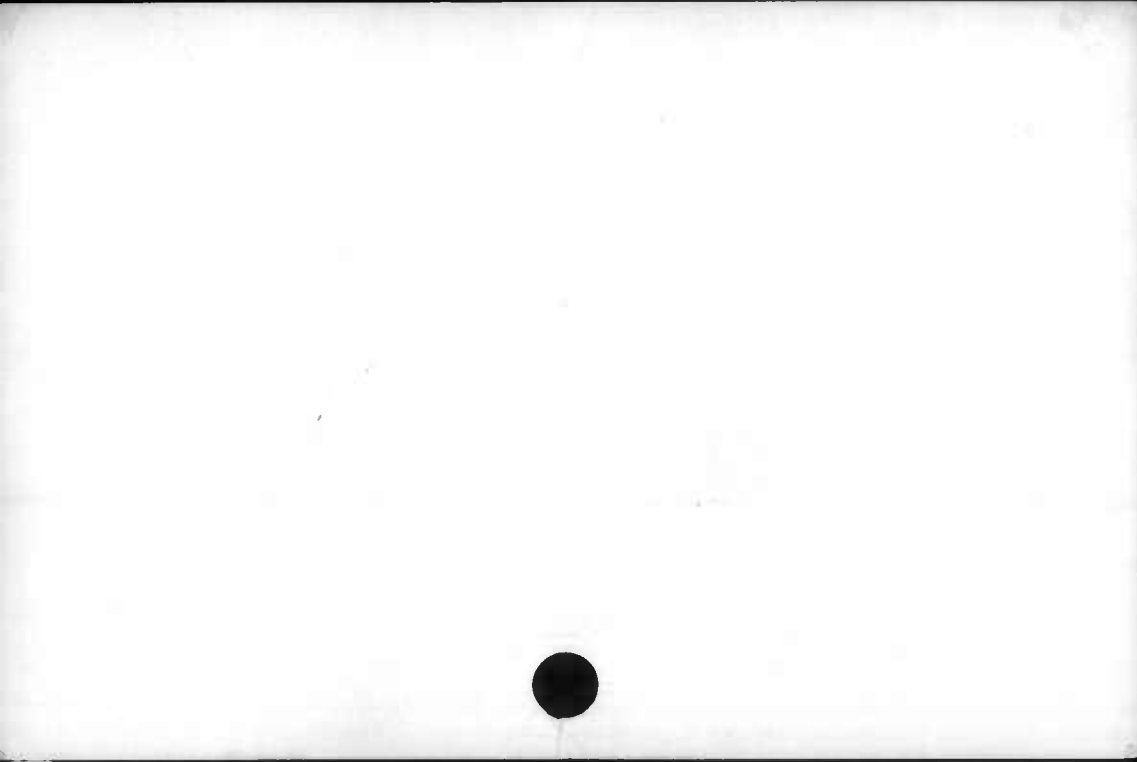
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bridgford		County Somerset		MARYLAND	
Date of death		Month 3	Day 23	Age 39	Years -	Months 3	Days ..
Sex Male		Color or Race White		Birth-place Pocomoke City			
Occupation Clerk in grocery		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Eliza Boston					
Father's Name Thomas Boston		Father's Birthplace Pocomoke City					
Mother's Maiden Name Don't know		Mother's Birthplace Don't know					
Name of person giving Information Eliza Boston		How related to deceased wife					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Chronic Nephritis	How long 120
	Immediate	Heart Failure	How long 6 mo
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W F. Hall
	Address Bridgford Md		
Accident or Suicide		no	



Name  
in  
Full

Martha M. Collins

## CERTIFICATE OF DEATH

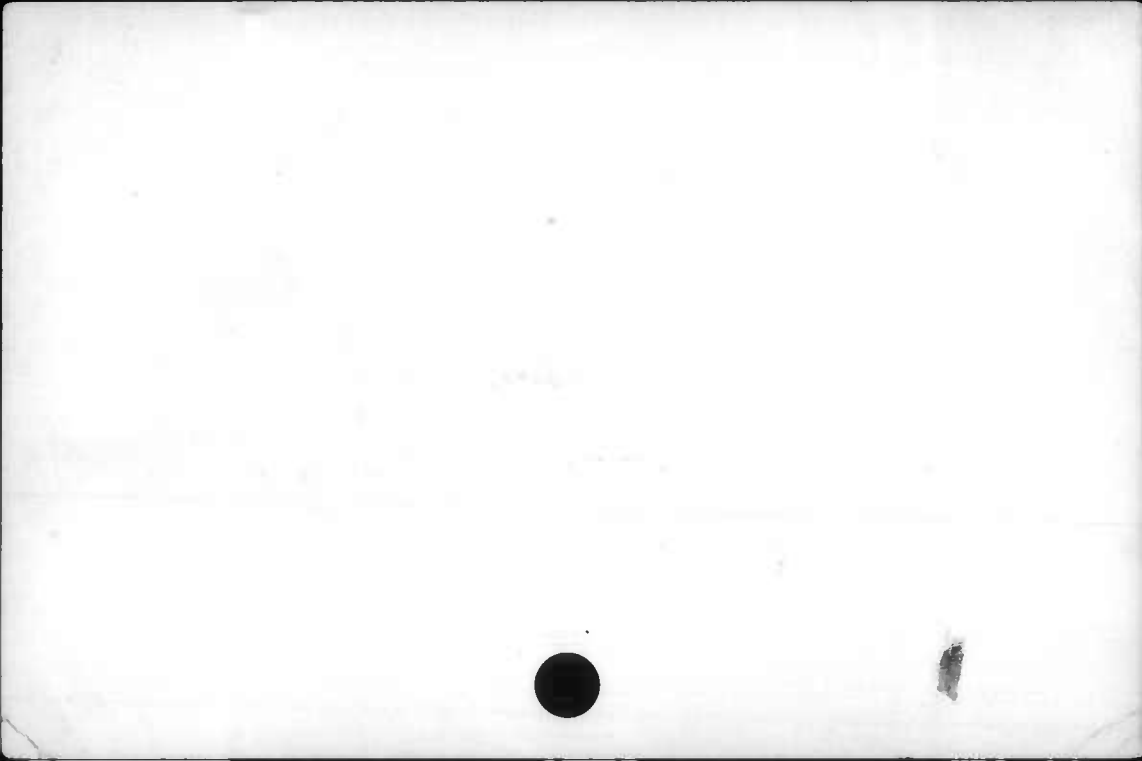
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Princess Anne		Somerset		MARYLAND	
Date of death		19	0	March	30	Age	67
Sex		Female		Color or Race		White	
Occupation		Dress maker		Birth-place		Delaware	
Married, Single or Widowed		Widow		Name of Wife or Husband		Edward E. Collins	
Father's Name		Doughty Collins		Father's Birthplace		Delaware	
Mother's Maiden Name		Sallie Cordrey		Mother's Birthplace		Delaware	
Name of person giving Information		Mattie C. Elzey		How related to deceased		Daughter	

## CAUSES OF DEATH

Primary	Cerebral Haemorrhage	How long	9 days
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, data and place correctly given above?		yes	
Signature of Physician		Henry M. Sanford	
Address		Princess Anne Maryland	
Accident or Suicidal	No		

PHYSICIAN  
OR CORONER



Name  
in  
Full

G. Etta Coulbourne

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Rohrery Town Somerset County MARYLAND  
Date of death 190 0 Month Feb Day 23 Age 1 Years 7 Months 7 Days 7  
Sex female Color or Race Black Birth-place Ind  
Occupation Child Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —  
Father's Name James Coulbourne Father's Birthplace Ind  
Mother's Maiden Name Ella Tull Mother's Birthplace Ind  
Name of person giving Information Ella Coulbourne How related to deceased Mother

CAUSES OF DEATH

Primary Membranous Croup How long 10 hours  
Immediate Suffocation How long 2 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

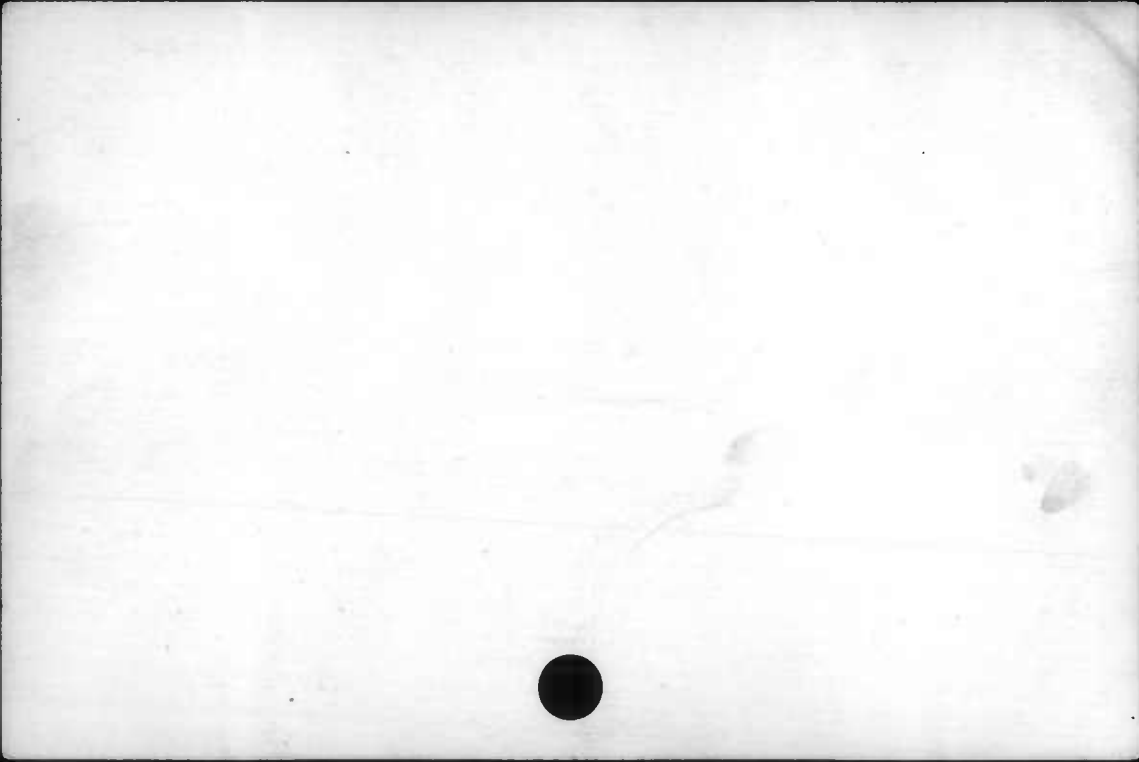
Address

C. C. Ward

Crisfield

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *M. Grace Dougherty* Town *Crisfield* County *Somerset* MARYLAND

Died at *Crisfield*

Date of death 1900 *Feb* 13 Age *54* Months *2* Days *29*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housework* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *James Dougherty*

Father's Name *Wm Brittingham* Father's Birthplace *Ind*

Mother's Maiden Name *Eliza Hall* Mother's Birthplace *Va*

Name of person giving Information *James Dougherty* How related to deceased *Husband.*

## CAUSES OF DEATH

PHYSICIAN  
OR CORNER

Primary *Pulmonary Tuberculosis* How long *12 yrs*

Immediate *Haemoptoe* How long *1/2 hour*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. H. Hall*

Address *Crisfield*

Accident or Suicide *no*

2330 Enail,

5-6

on

328



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jennie Dougherty*

Died at *Orifield* Town *Somerset* County **MARYLAND**

Date of death 19*60* Month *3* Day *16* Age *56* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Hopewell Md*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Elijah Dougherty*

Father's Name *John Morgan* Father's Birthplace *Hopewell Md*

Mother's Maiden Name *Elizabeth Miller* Mother's Birthplace *Don't know*

Name of person giving Information *Elyah Dougherty* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *21 days*

Immediate *Toxemia* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. F. Hall* Address *Orifield*

Accident or Suicide *—*



Name  
in  
Full

Charles T. Fisher Sr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Princess Anne Somerset County MARYLAND

Date of death 1980 March 24 Month Day Years 61 Months 5 Days 8

Sex Male Color or Race White Birth-place

Occupation Real Estate Accountant Where Residing if not at place of death ✓

Married, Single or Widowed Married Name of Wife or Husband Hannah Fisher

Father's Name William Fisher Father's Birthplace Maryland

Mother's Maiden Name Priscilla Miller Mother's Birthplace Maryland

Name of person giving Information C.T. Fisher Jr. How related to deceased Son

## CAUSES OF DEATH

How long

How long

Primary Pericarditis Malaria 20 weeks

Immediate Cerebral Hemorrhage & Exhaustion 1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Henry M. Lambford

Address

Princess Anne  
Md

Accident or Suicidal

NoPHYSICIAN  
OR CORONER+



Name  
in  
Full

Edna Ethel May Fontaine

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Westover<sup>County</sup> Somerset

MARYLAND

Date of death 19<sup>10</sup> <sup>Month</sup> March <sup>Day</sup> 8 Age <sup>Years</sup> 2 <sup>Months</sup> 1 <sup>Days</sup> 9

Sex Female Color or Race Colored Birthplace Somerset County

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John S. Fontaine

Father's  
Birthplace

Somerset Co

Mother's  
Maiden Name

Minnie May Ballard

Mother's  
Birthplace

Somerset Co

Name of person giving  
Information

Minnie May Ballard

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Pneumonia

(92)

How long

10 days

Immediate

Asphyxia

How long

Few minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Henry M. Lumbford,

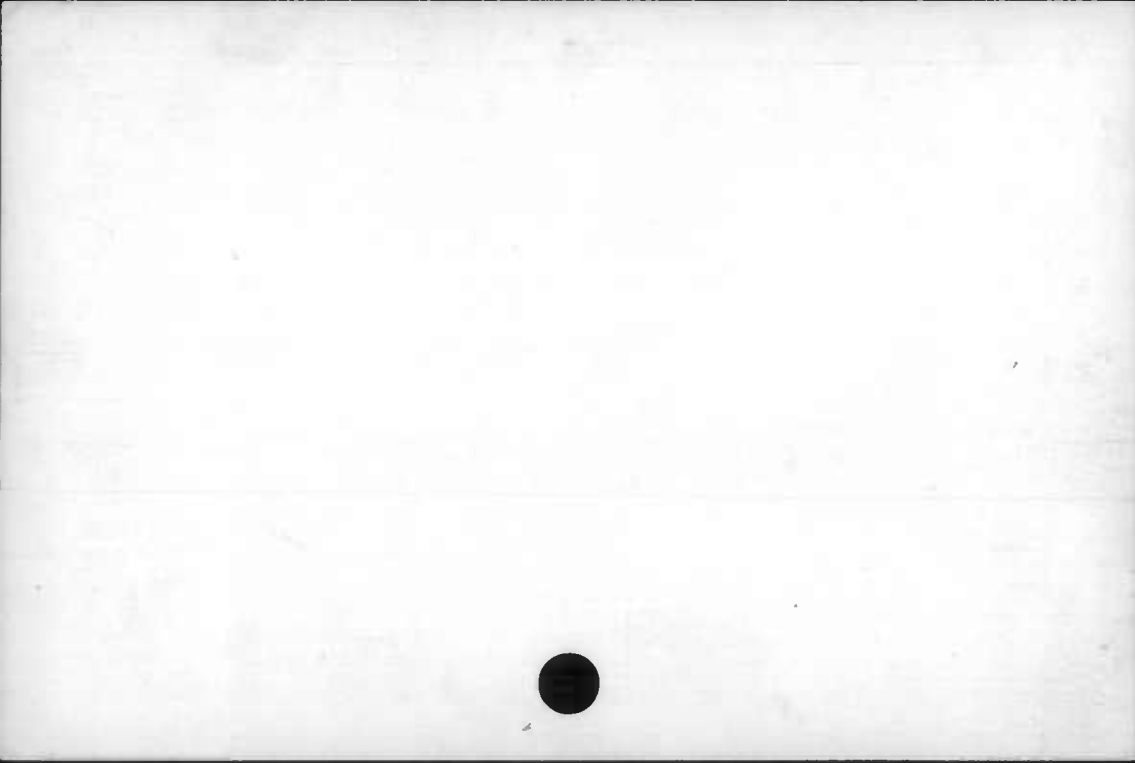
Address

Princess Anne,  
Maryland.

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Benlah Hargis

CERTIFICATE OF DEATH

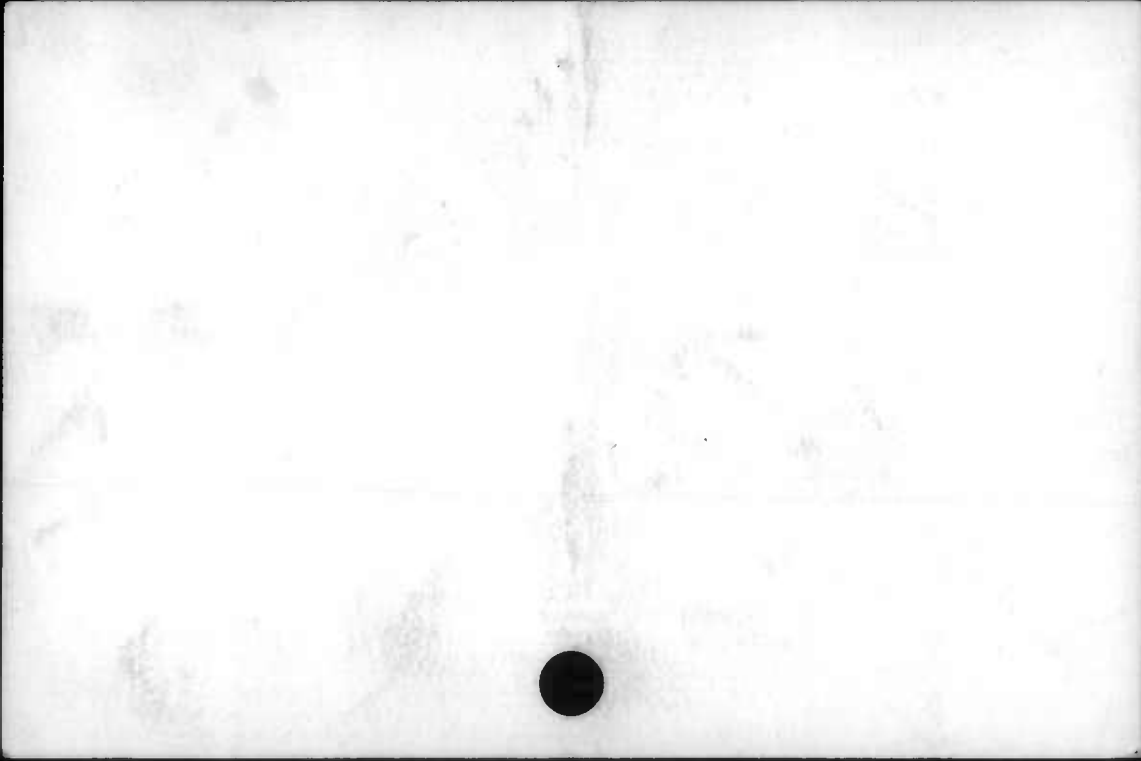
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Crisfield</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death	19 <u>40</u>	Month	<u>March</u>	Day	<u>16</u>
Age	<u>1</u>	Years		Months	<u>2</u>
				Days	<u>3</u>
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Crisfield</u>
Occupation	<u>Child</u>	Where Residing if not at place of death <u>                    </u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>                    </u>			
Father's Name	<u>James Hargis</u>	Father's Birthplace		<u>va</u>	
Mother's Maiden Name	<u>Henrietta Bailey</u>	Mother's Birthplace		<u>Crisfield</u>	
Name of person giving Information	<u>Uncle</u>	How related to deceased		<u>                    </u>	

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary	<u>Burns of body</u>	How long	<u>6 hours</u>
Immediate	<u>Shock</u>	How long	<u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>[Signature]</u>
		Address	<u>Crisfield</u>
Accident or Suicide	<u>Accident</u>		





Name  
in  
Full

Matilda Anderson Helch

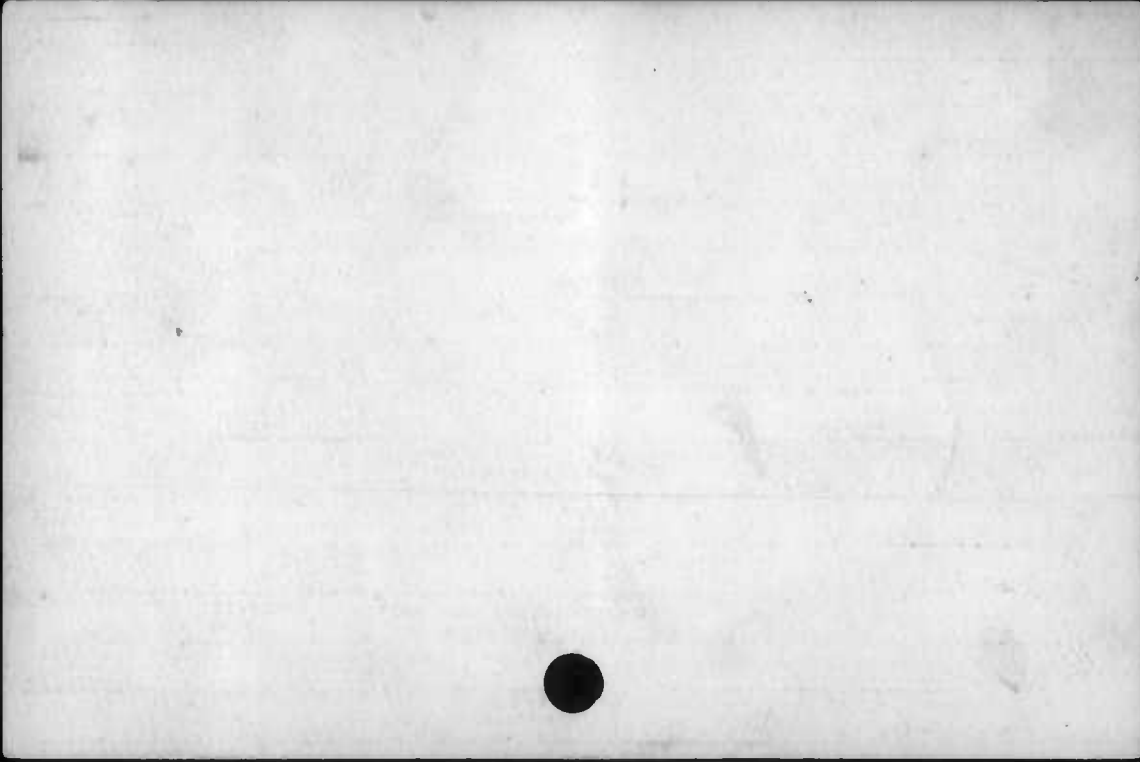
## CERTIFICATE OF DEATH

Died at <i>Mount Vernon</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>190</i>	Month <i>March</i>	Day <i>25</i>	Years <i>19</i>	Months <i>7</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Mount Vernon</i>			
Occupation <i>House-work</i>	Where Residing if not at place of death <i>Mount Vernon</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Helch</i>				
Father's Name <i>Jacob Anderson</i>	Father's Birthplace <i>Somerset Co.</i>				
Mother's Maiden Name <i>Gray Anderson</i>	Mother's Birthplace <i>Somerset Co.</i>				
Name of person giving information <i>Gray Anderson</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

93

Primary <i>Pneumonia</i>	How long <i>Two weeks</i>
Immediate <i>Exhaustion</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Catherine D. Landford</i>
	Address <i>Princess Anne, Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Stumpson Stalbrook

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

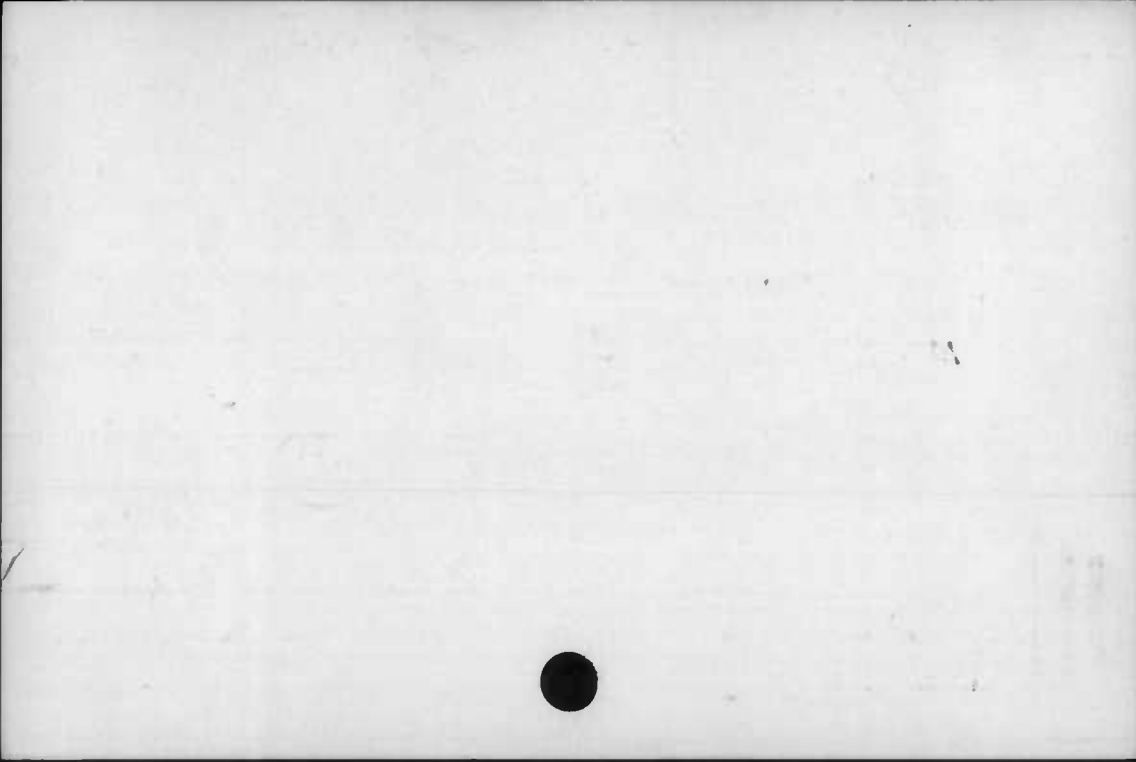
Died at		Town Stalbrook		County Somerset		MARYLAND	
Date of death	1910	Month May	Day 17	Age Years	70	Months	Days
Sex	Male		Color or Race	Belk		Birth- place	Ind
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Stephen Stalbrook		Father's Birthplace		
Mother's Maiden Name			Henrietta Stalbrook		Mother's Birthplace		
Name of person giving In formation			Allan Stalbrook		How related to deceased		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long	2 wks
Immediate	asthma		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		B. H. Hight		
Address		Aurora		
Accident or Suicide?		no		



Name  
in  
Full

Louisa Johnson  
Somerset

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

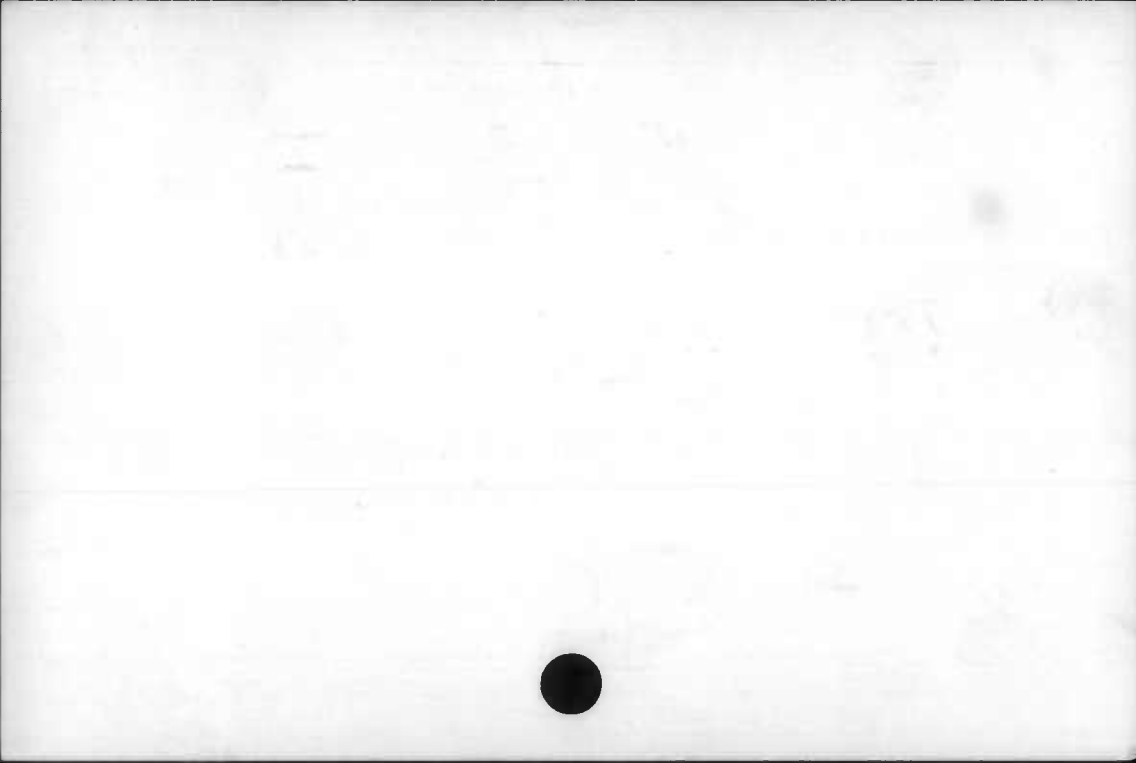
Died at		Town Somerset		County Somerset		MARYLAND	
Date of death		Month 1900	Day Mar, 24	Age 30	Months 4	Days 16	
Sex Female		Color or Race Black		Birth-place Somerset			
Occupation Housework		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife or Husband Mrs. J. Johnson					
Father's Name Edward Melbourne		Father's Birthplace Somerset					
Mother's Maiden Name Nancy Woods		Mother's Birthplace Somerset					
Name of person giving Information Mrs. J. Johnson		How related to deceased Husband					

228

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Indigestion	How long	3 wks
Immediate	acute indigestion	How long	103
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. J. A. [unclear]
		Address	Somerset, Md.
Accident or Suicide			



Name  
in  
Full

Georgia A Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Menomona</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1960</i>	Month <i>3</i>	Day <i>15</i>	Age <i>20</i>	Months — Days —
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Menomona</i>		
Occupation <i>Servant Girl</i>			Where Residing if not at place of death <i>"</i>		
<del>Married</del> Single		Name of Wife or Husband —			
Father's Name <i>Wm Jones</i>			Father's Birthplace <i>Menomona</i>		
Mother's Maiden Name <i>Emma Ballard</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Fannie White</i>			How related to deceased <i>Aunt</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 Mos</i>
Immediate <i>Asthma</i>	How long <i>1 Mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas Schwartz</i>
	Address <i>101 E. 1st St. Menomona</i>
Accident or Suicide?	

James F. Smith  
March 10 1850

10 3 12 30  
March 10 1850  
James F. Smith

March 10 1850  
James F. Smith

March 10 1850  
James F. Smith



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Orleans La</i>		Town <i>La</i>		County <i>Summit</i>		MARYLAND	
Date of death	1910	Month	3	Day	21	Age	68
Sex	Female	Color or Race	Black	Birth-place	Ind.	Months	✓
Occupation	House work			Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband			
Father's Name	Hamilton Jones			Father's Birthplace			
Mother's Maiden Name	Annie Dowe			Mother's Birthplace			
Name of person giving information	Agerish Dowe			How related to deceased			
						Doris Law	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Heart failure*

How long *few hours*

Immediate

Are the name, age, sex, color, date and place correctly given above?

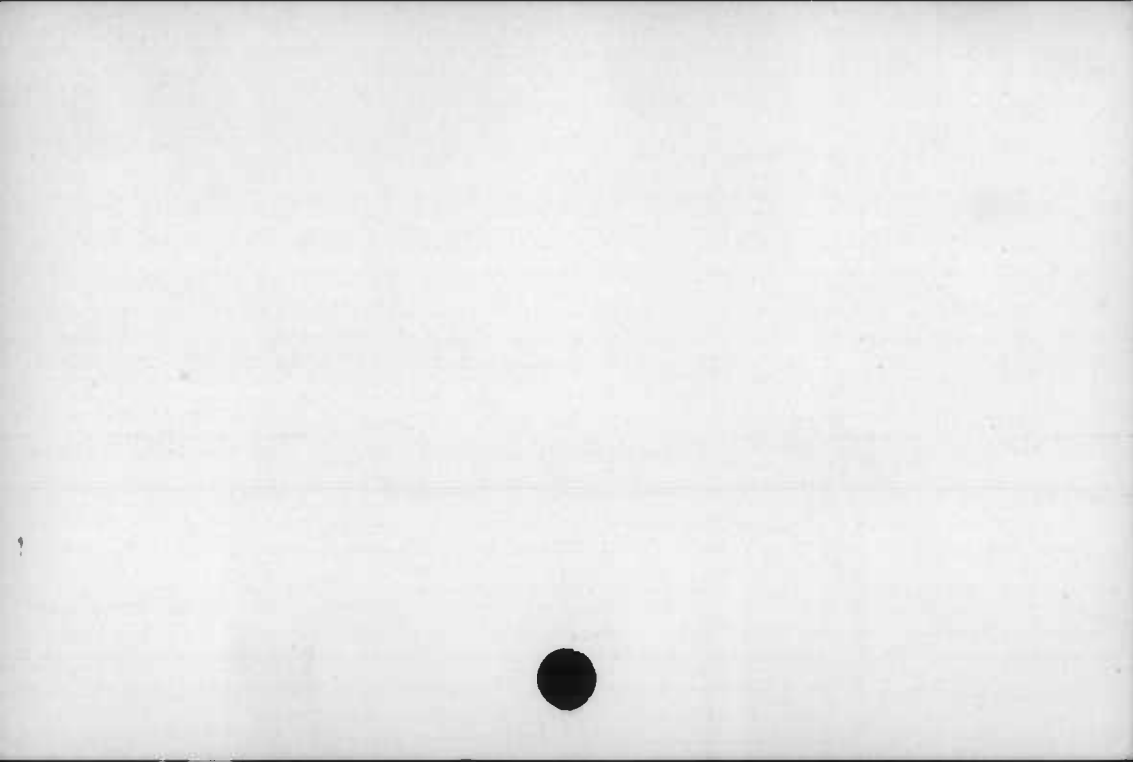
Signature of Physician

Address

*A. Smith (not in action)*

*Pr. Amm ind*

Accident or Suicide?



Name  
in  
Full

Louisa Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

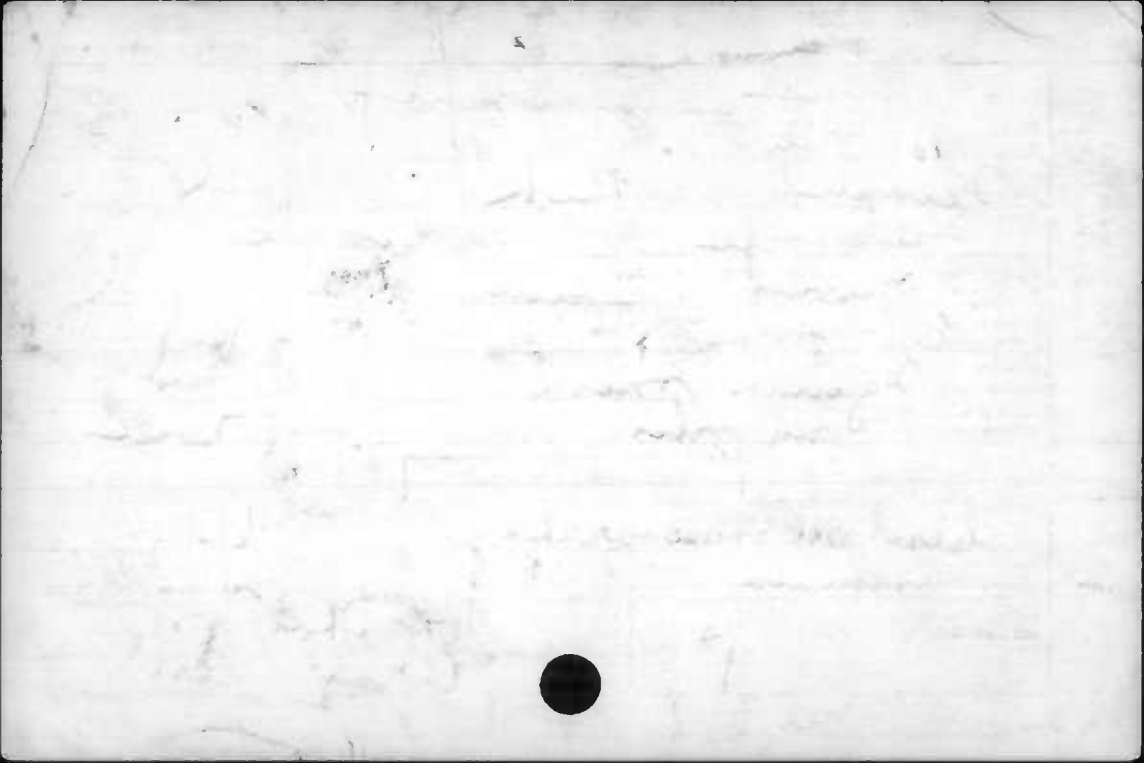
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		Mar	15	Age	49		
Sex		Color or Race		Birth-place			
Female		Black		Mary			
Occupation				Where Residing if not at place of death			
Housewife				Same			
Married, Single or Widowed		Name of Wife or Husband					
Married		James Jones					
Father's Name		Father's Birthplace					
Geo Jones		Mary					
Mother's Maiden Name		Mother's Birthplace					
Hannah Jones		Mary					
Name of person giving Information		How related to deceased					
Fred Jones		Nephew					

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary		How long	
Cerebral Hemorrhage		7 days	
Immediate		How long	
Asphyxia		2 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. H. Thayer	
		Address	
		Crescent Md	
Accident or Suicide			
No			



Name  
in  
Full

Melvin Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

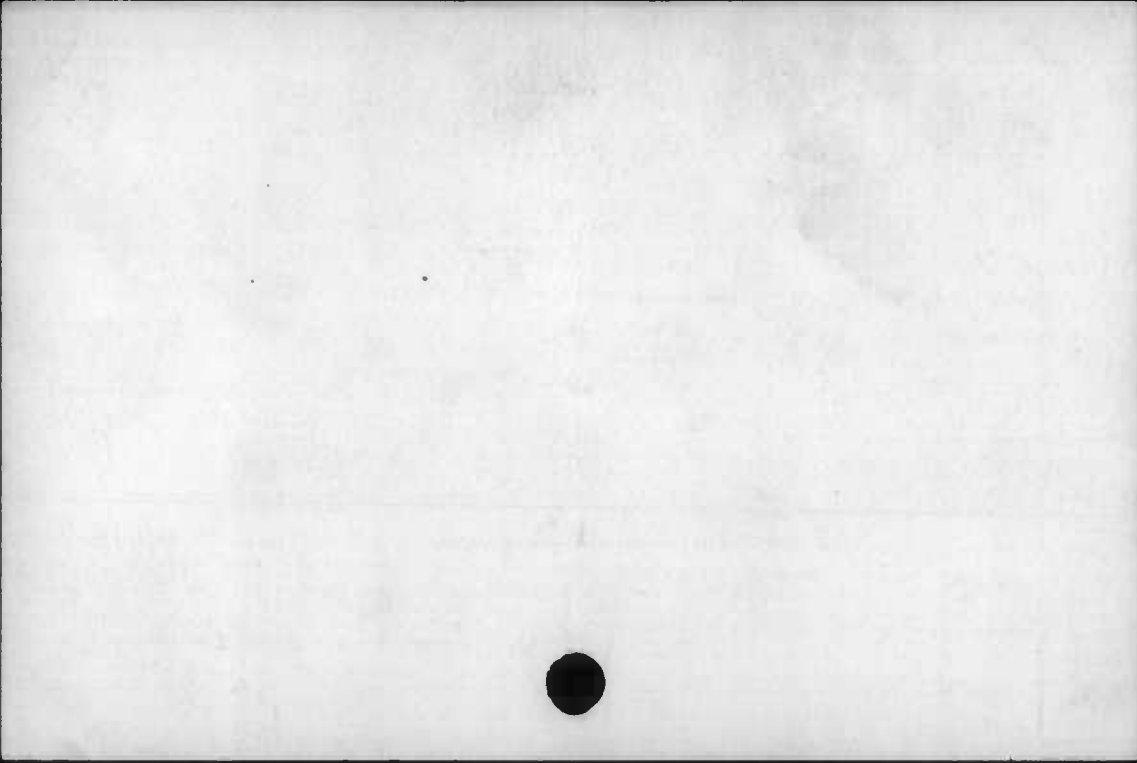
Died at <i>Chambers</i>		County <i>Southern</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>March</i>	Day <i>20th</i>	Age <i>86</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Sou. Co.</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>John Jones</i>		Father's Birthplace <i>Sou. Co.</i>			
Mother's Maiden Name <i>Kessie Cullen</i>		Mother's Birthplace <i>Sou. Co.</i>			
Name of person giving information <i>Bessie Jones</i>		How related to deceased <i>Niece</i>			

## CAUSES OF DEATH

120 ✓

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>year</i>
Immediate <i>Asthma</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. F. C. [illegible]</i>
	Address <i>Barber, [illegible]</i>
Accident or Suicide? <i>No.</i>	<i>[illegible]</i>



Name  
in  
Full

Marguerite E. Justice

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Crisfield Somerset County MARYLAND  
Date of death 1990 Feb Month 40 Days  
Sex female Color or Race White Birth-place Crisfield  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name Edward L Justice Father's Birthplace Crisfield  
Mother's Maiden Name Nelsie Maddox Mother's Birthplace Crisfield  
Name of person giving Information Nelsie Justice How related to deceased Mother

CAUSES OF DEATH

Primary Bronchitis How long 1 week  
Immediate Cerebro Meningitis How long 3 days  
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician C. C. Callins  
Address Crisfield

PHYSICIAN  
OR CORONER

Accident or Suicide





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

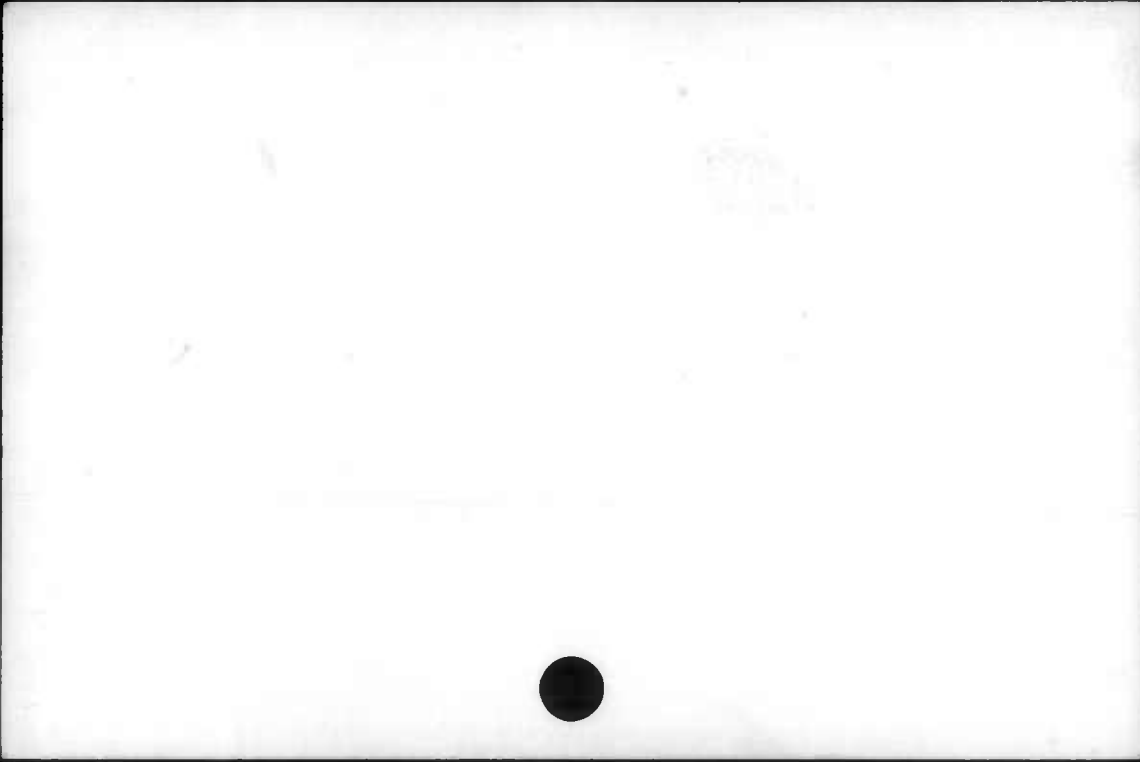
Augusta J. Lawson  
Town *Lawsonia* County *Somerset*  
Died at  
Date of death 1960 3 4 Age 26 6  
Sex *Female* Color or Race *White* Birth-place *Lawsonia Md*  
Occupation *Housewife* Where Residing if not at place of death *—*  
Married, Single or Widowed *Married* Name of Wife or Husband *Lenard J. Nelson*  
Father's Name *M. Luther Nelson* Father's Birthplace *Lawsonia*  
Mother's Maiden Name *Mary A Jones* Mother's Birthplace *Pocomoke City*  
Name of person giving Information *Mary A Jones* How related to deceased *mother*

## CAUSES OF DEATH

54 ✓

PHYSICIAN  
OR CORONER

Primary *Pregnancy* How long *7 months*  
Immediate *Pernicious Anaemia* How long *3 months*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. F. Hall*  
Address *Driffield*  
Accident or Suicide *no*



Name  
in  
Full

## CERTIFICATE OF DEATH

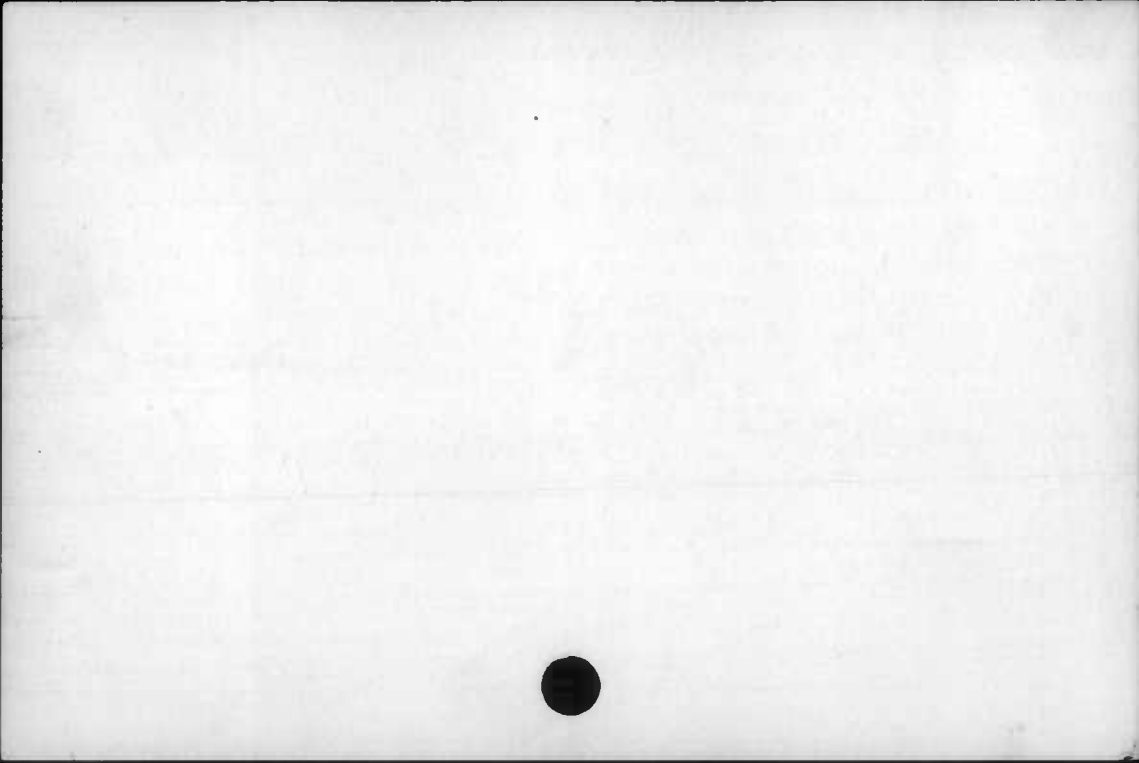
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westover</u> <sup>Town</sup>		<u>Somerset</u> <sup>County</sup>		MARYLAND	
Date of death <u>1940</u>	<u>March</u> <sup>Month</sup>	<u>15</u> <sup>Day</sup>	Age <u>24</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Copied</u>		Birth-place <u>Lorisfield Md</u>		
Occupation <u>Nurse</u>	Where Residing if not at place of death <u>Westover Md</u>				
<del>Married</del> <u>Single</u>	Name of Wife or Husband <u>      </u>				
Father's Name <u>John Maddox</u>	Father's Birthplace <u>Somerset Co</u>				
Mother's Maiden Name <u>Mary Ballard</u>	Mother's Birthplace <u>Somerset Co</u>				
Name of person giving information <u>Joshua Maddox</u>	How related to deceased <u>Uncle</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>27</u> <sup>28</sup> <u>1 Year</u>
Immediate <u>Ascheia</u>	How long <u>Two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. W. Wainwright</u>
	Address <u>Prince Anne Md.</u>
<del>Accident or Suicide?</del>	



Name  
in  
Full

Sally Anne Marsh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt Vernon		County Somerset		MARYLAND	
Date of death		1962	Month March	Day 9	Age Years 58	Months —	Days —
Sex Female		Color or Race White		Birth- place Maryland			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband George R. Marsh Sr.					
Father's Name John Wm C Intyre		Father's Birthplace Maryland					
Mother's Maiden Name Mary Jones		Mother's Birthplace Maryland					
Name of person giving Information R R Kuller		How related to deceased None					

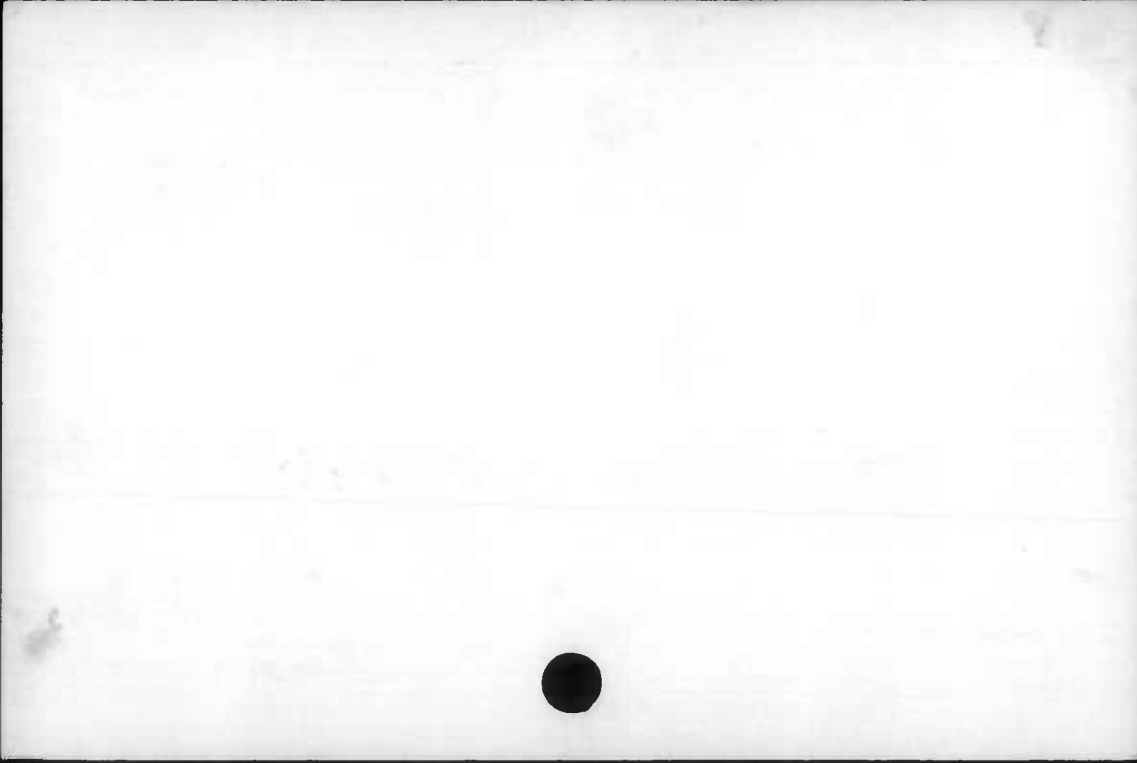
## CAUSES OF DEATH

42

Primary Aortic Insufficiency & Carcinoma of the	How long 10 months
Immediate Asthma	How long 48 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Henry M. Larkford
	Address Princess Anne Md
Accident or Suicide No.	

PHYSICIAN  
OR CORONER

H



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name Maggie B. Nelson		Town Lansfield		County Somerset		MARYLAND	
Died at		Month March		Day 13		Years 39	
Date of death 1960		Month		Day		Years	
Sex Female		Color or Race White		Birth-place Va			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband George L. Nelson					
Father's Name Nesley Hoffman		Father's Birthplace Va					
Mother's Maiden Name Annie E. Scott		Mother's Birthplace Va					
Name of person giving Information G. J. Simonson		How related to deceased Nephew					

## CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of Lungs	How long	8 Months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		G. J. Simonson	
Address		Lansfield Md	
Accident or Suicide			





Name  
in  
Full

CERTIFICATE OF DEATH

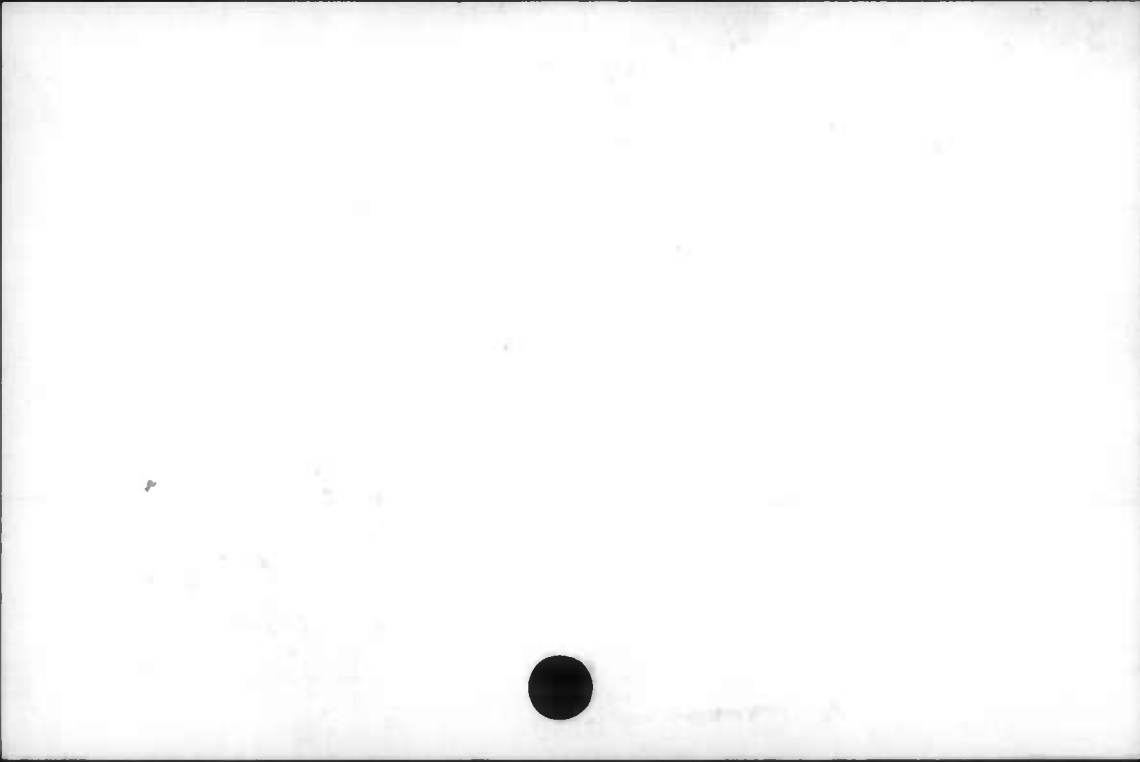
TO BE ANSWERED BY  
NEAREST FRIEND

albert Parker  
dickinson  
Sumner  
Died at  
Date of death 1900  
Month 3  
Day 5  
Age 17  
Sex Male  
Color or Race colored  
Birth-place Virginia  
Occupation Sailor  
Where Residing if not at place of death Deal Island, Md.  
Married, Single or Widowed  
Name of Wife or Husband  
Father's Name John A. Parker  
Father's Birthplace Va.  
Mother's Maiden Name Mary Roberts  
Mother's Birthplace Maryland  
Name of person giving Information Frank Parker  
How related to deceased brother

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Broncho-Pneumonia  
Immediate Asthma  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician H. G. Alexander  
Address Deal Island Md.  
How long 2 wks.  
How long 4 days  
Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wrenona</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death	19 <u>00</u>	Month <u>3</u>	Day <u>26</u>	Age <u>65</u> Years	Months <u>    </u> Days <u>    </u>
Sex	<u>Male</u>		Color or Race	<u>Colored</u>	
Occupation	<u>Oyster Shucker</u>		Birth-place	<u>Virginia</u>	
Where Residing if not at place of death					
Married, Single or Widowed	<u>Widower</u>		Name of Wife or Husband	<u>Mary Parker</u>	
Father's Name	<u>Unknown</u>		Father's Birthplace	<u>Virginia</u>	
Mother's Maiden Name	<u>Unknown</u>		Mother's Birthplace	<u>" "</u>	
Name of person giving information	<u>Frank Parker</u>		How related to deceased	<u>Son</u>	

## CAUSES OF DEATH

10 ✓

PHYSICIAN  
OR CORONER

Primary	<u>Secondary Pneumonia (To Influenza)</u>	How long	<u>one week</u>
Immediate	<u>Asphyxia</u>	How long	<u>45 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W. H. Alexander</u>
Yes <u>Yes</u>		Address	<u>Somerset Co.</u>
Accident or Suicide?			



Name  
in  
Full

John Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Westover County Somerset **MARYLAND**

Died at Westover -

Date of death 1980 - March 12 <sup>th</sup> 75 <sup>Years</sup> Age 75 <sup>Months</sup> - <sup>Days</sup> -

Sex Male Color or Race Colored Birth-place Ind.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Hester Robinson

Father's Name Levi Robinson Father's Birthplace Ind.

Mother's Maiden Name Leah Gale Mother's Birthplace Ind.

Name of person giving Information Geo. Robinson How related to deceased Son.

## CAUSES OF DEATH

Primary Senility & Senile Dementia Exhaustion 154 ✓  
How long 6 weeks.

Immediate Exhaustion How long 2 weeks.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

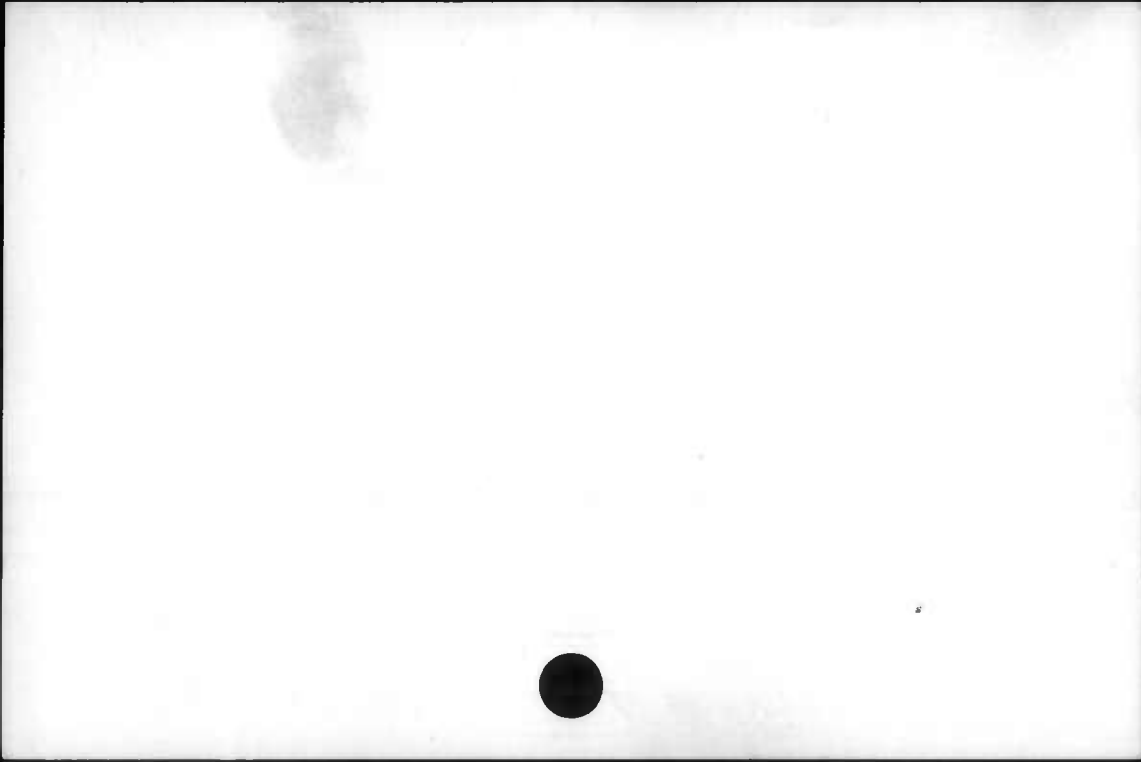
W. Henry Fisher

Address

Princeton Avenue  
Ind.

Accident or Suicidal

NoPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Nellie R. Sterling* Town *Asbury* County *Harmeret* MARYLAND

Died at *Asbury*

Date of death 190 *0* Month *March* Day *21* Age *16* Years Months *6* Days *7*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *C. C. Sterling* Father's Birthplace *Md*

Mother's Maiden Name *Dehbia F.* Mother's Birthplace *Md.*

Name of person giving Information *C. C. Sterling* How related to deceased *Father*

## CAUSES OF DEATH

66 ✓

Primary *Paralysis* How long *12 years*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

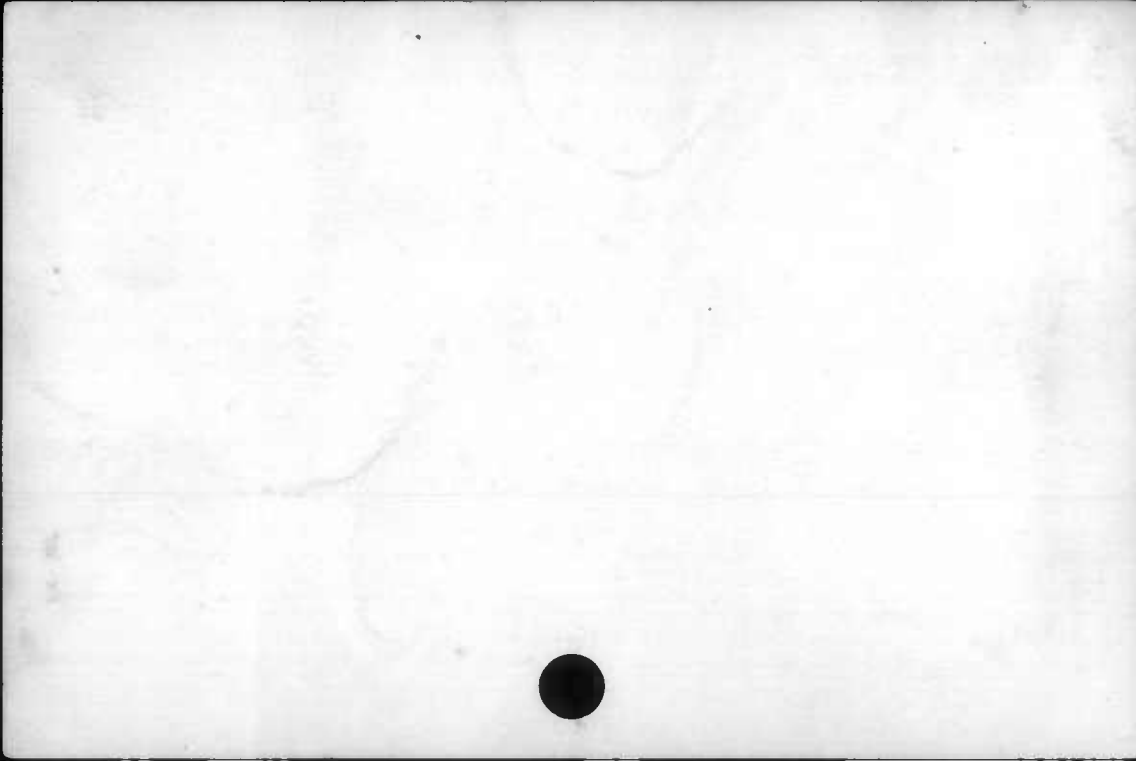
Signature of Physician

Address

*G. T. Simonson*  
*Leisfield*  
*Md*

PHYSICIAN  
OR CORONER

*H* Accident or Suicide





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Wm M. Taylor* Town *Crisfield* County *Somerset*

MARYLAND

Died at *Crisfield* Month *Mar* Day *28* Age *18* Years Months Days

Sex *male* Color or Race *—* Birth-place *Va*

Occupation *Waterman* Where Residing if not at place of death *Harborton Va*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Wm M. Taylor* Father's Birthplace *Va*

Mother's Maiden Name *Maggie S. Birdick* Mother's Birthplace *Va*

Name of person giving Information *Corson Taylor* How related to deceased *Bro*

CAUSES OF DEATH

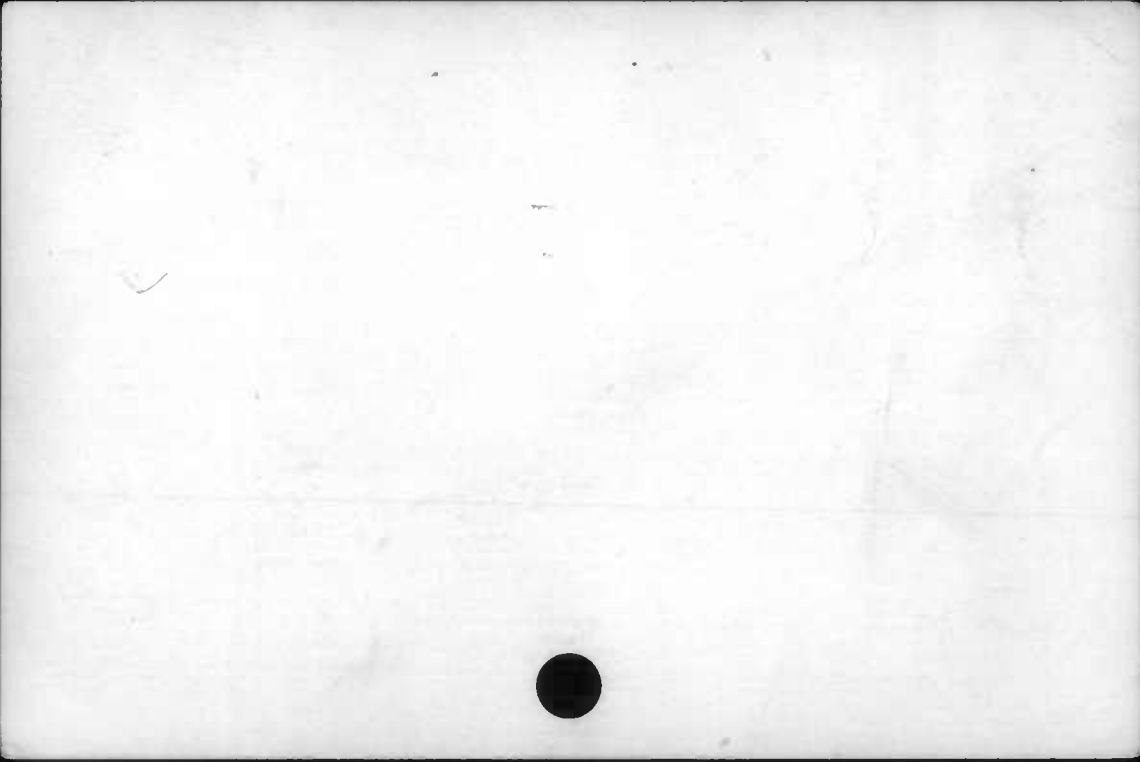
Primary *Choking* How long *169*

Immediate *—* How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *G. J. Unionson*

Address *Crisfield Md*

Accident or Suicide *—*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

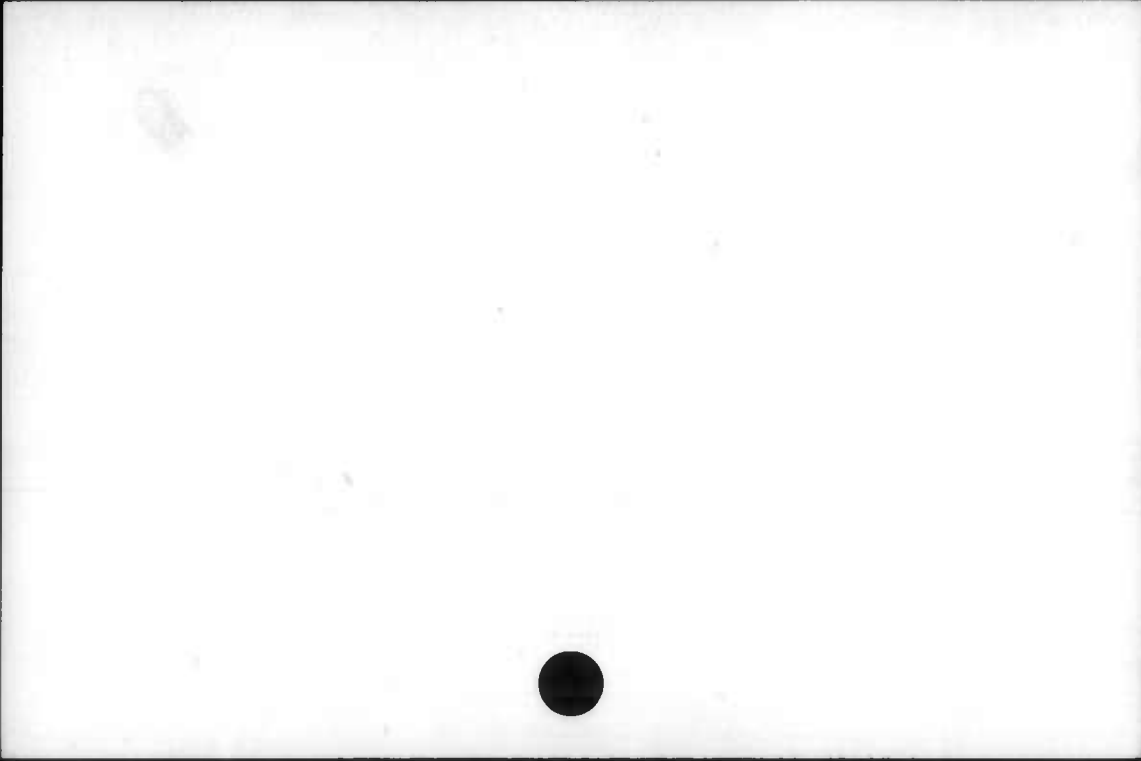
*Hester Iyer*  
Town *Lawsonia* County *Somerset*  
Died at *Lawsonia*  
Date of death *1900* Month *3* Day *26* Age *64* Years Months Days  
Sex *Female* Color or Race *White* Birth-place *Lawsonia Md*  
Occupation *Cotton Shucker* Where Residing if not at place of death *-*  
Married, Single or Widowed *Married* Name of wife or Husband *George H. Iyer*  
Father's Name *William Byrd* Father's Birthplace *Lawsonia*  
Mother's Maiden Name *Mary Iyer* Mother's Birthplace *Lawsonia*  
Name of person giving Information *Geo. H. Iyer* How related to deceased *Widow*

CAUSES OF DEATH

**103** V  
How long *6 mo.*  
How long *-*

PHYSICIAN  
OR CORONER

Primary *Chronic Gastritis*  
*Exhaustion*  
Immediate  
Are the name, age, sex, color, date and place correctly given above? *yes*  
Signature of Physician *H. F. Hall*  
Address *Croft*  
Accident or Suicide *No.*



Name  
in  
Full

Charles D Wallace

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

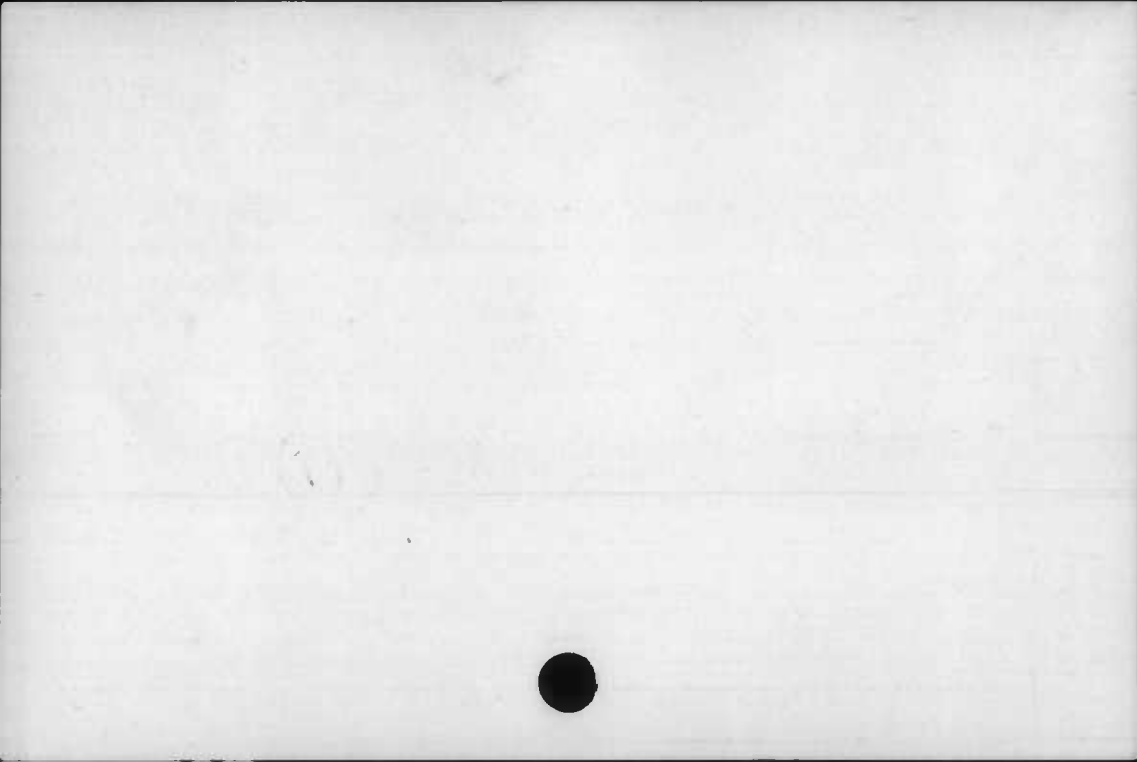
Died at <u>Cerule</u> <sup>Town</sup>		<u>Somerset</u> <sup>County</sup>		MARYLAND	
Date of death <u>19/0</u>	Month <u>March</u>	Day <u>16</u>	Age <u>7</u> <sup>Years</sup>	Months <u>11</u>	Days <u>20</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u>                    </u>			Where Residing if not at place of death <u>Same</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>                    </u>				
Father's Name <u>George Wallace</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Walter Giles</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Clarke Wallace</u>	How related to deceased <u>Brother</u>				

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary <u>Cerebro-spinal Meningitis</u>	How long <u>4 weeks</u>
Immediate <u>Asthma</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Ralph C. Hight</u>
	Address <u>Cerule</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Ella Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		3	3	60-		✓	✓
Sex	Female	Color or Race	Black		Birth-place	md	
Occupation	✓	Where Residing if not at place of death			✓		
Married, Single or Widowed	Single	Name of Wife or Husband			✓		
Father's Name	Don't know			Father's Birthplace			
Mother's Maiden Name	" "	Mother's Birthplace					
Name of person giving information	Gus Bonds (Nephew)			How related to deceased	Not at all		

CAUSES OF DEATH

187

PHYSICIAN  
OR CORONER

Primary	Doobay	How long	10 days
Immediate	Asphyxia	How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. Smith (not in attendance)
		Address	Fr. Ann md.
<input checked="" type="checkbox"/> Accident or Suicide			





Name  
in  
Full

CERTIFICATE OF DEATH

Infant of Jas. Edward Webster

Town

County

MARYLAND

Died at

Deals Island Somerset

Date

of death 1960

Month

Day

Years

Months

Days

Age

Sex

Male

Color or  
Race

White

Birth-  
place

Deals Island

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Jas. E. Webster

Father's  
Birthplace

Deals Island

Mother's  
Maiden Name

Lottie Waller

Mother's  
Birthplace

" "

Name of person giving  
Information

Jas. E. Webster

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Prolapsed Funis

How long

(186)

Immediate

Asphyxia

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

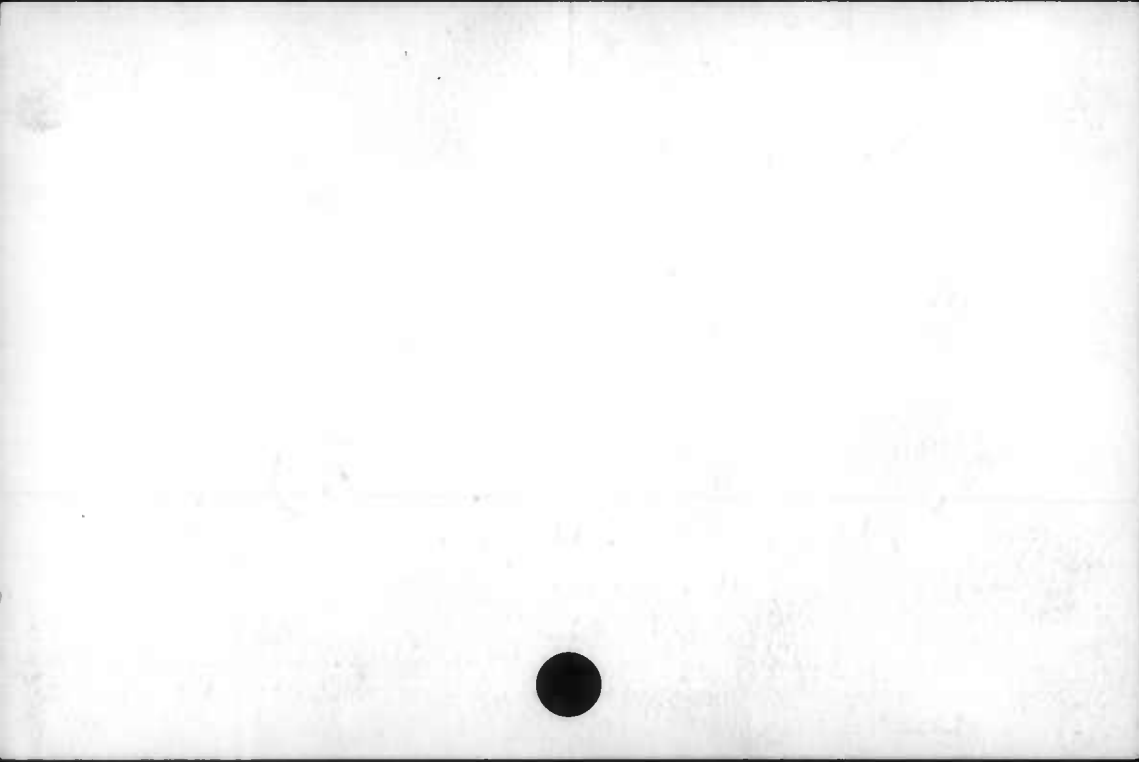
Address

J. G. Alexander  
Somerset Co

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Sheba E. Webster

CERTIFICATE OF DEATH

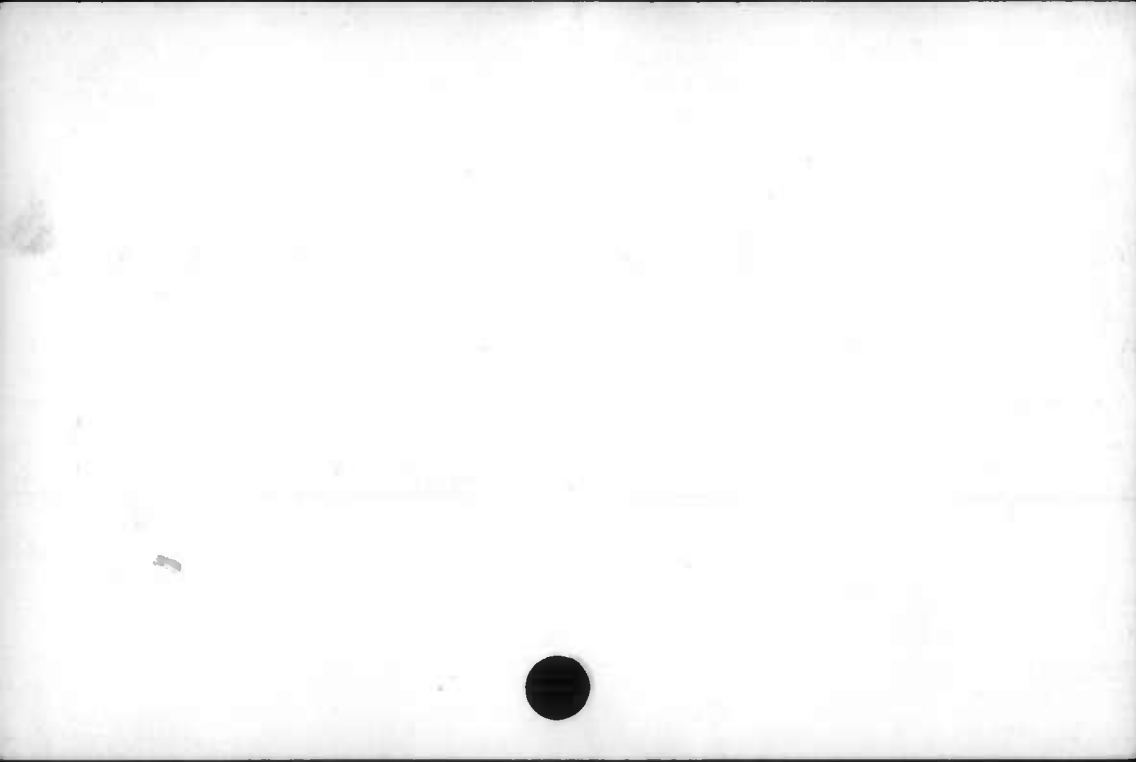
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Neuova</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death	19 <u>80</u>	Month	<u>3</u>	Day	<u>7</u>
Age		<u>28</u>		Years	
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Neuova</u>
Occupation	<u>Housewife</u>	Where Residing if not at place of death			
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband		<u>Pella Webster</u>		
Father's Name	<u>Cyrus Curtis</u>		Father's Birthplace	<u>Virginia</u>	
Mother's Maiden Name	<u>Sarah A. Gibson,</u>		Mother's Birthplace	<u>Somerset Co</u>	
Name of person giving Information	<u>Pella Webster</u>		How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>28</u>
Immediate	<u>Asthma</u>	How long	<u>1 year</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u> <u>Neither</u>		<u>H. E. Alexander</u> <u>Somerset Co</u>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

E. Lewis White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Habnab -</i>		County <i>Somerset -</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>March -</i>	Day <i>15<sup>th</sup></i>	Years <i>22</i>	Months <i>11</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Habnab - Somerset Co. Md.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Jesse White</i>	Father's Birthplace <i>Somerset Co. Ind.</i>				
Mother's Maiden Name <i>Emily Maddox</i>	Mother's Birthplace " " "				
Name of person giving Information <i>Jesse White</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>6 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. Henry Fisher M.D.</i>
	Address <i>Princess Anne Md.</i>
Accident or Suicide <i>No.</i>	

